# Behavioral Health Services Spotlight: MHSF Population & Core Metrics

San Francisco Department of Public Health January 26, 2023

### **Outline**

- About BHS & DPH
- Highlight collaboration with HSH future spotlight presentation
- Mental Health SF priority population & core metrics
  - Intensive Case Management (ICM) wait time data
- Overdose response & prevention mortality and sample metrics

## Behavioral Health Services

# San Francisco Department of Public Health

- Largest provider/funder of mental health and substance use prevention, early intervention, and treatment services in SF.
- Total budget: ~\$600M
- Contract with 80+ community-based organizations
- ~21,000 people treated in specialty behavioral health services



# DPH System of Care & Tailored PEH Services

High-quality and equitable health care can improve and save lives. Our goal is to make care timely, accessible, coordinated, and person-centered.

#### DPH Health Care Delivery System

- Zuckerberg San Francisco General (ZSFG)
- Laguna Honda Hospital
- Jail Health Services
- Primary Care
- Behavioral Health Services (BHS)
- Maternal & Child Health

Programs focused on persons

experiencing homelessness (PEH):

- Specific ZSFG & Primary Care services
- Whole Person Integrated Care (WPIC)
- Mental Health SF
- Other Prop. C funded programs
- Other targeted BHS programs



#### **DPH & HSH Collaboration**

The structural drivers and complexities of homelessness necessitate a systems approach to move from managing the problem to solving the problem.

DPH and HSH partner extensively across a large number of initiatives, among them:

- Implementation of Prop C funded programs, particularly as relates to provision of clinical support to PEH in shelter and PSH settings
- CalAIM & Whole Person Integrated Care (WPIC)
- Street outreach to people experiencing unsheltered homelessness
- Overdose prevention among currently and formerly homeless individuals
- Community exits from Laguna Honda
- Data integration efforts to improve service delivery and shared tracking of outcomes

#### **DPH & HSH Collaboration**

HSH is currently updating its 5-year strategic plan, which for the first time will be a citywide plan to address homelessness, as opposed to a department plan.

Particular attention has been given to points of strategic and operational collaboration between DPH and HSH, and the departments have articulated:

- A shared vision for their strengthened partnership and collaborative planning effort
- Shared priority populations
- Shared objectives
- Initial strategies to advance the shared objectives and are now working to clarify the implementation approach for key strategies.

# MHSF Population & Core Metrics

# **About Mental Health SF (MHSF)**

MHSF increases access to and coordination of mental health and substance use treatment and support services for all San Francisco adult residents with serious mental illness and/or substance use disorder who are experiencing homelessness

# Office of Coordinated Care

Improve and centralize care coordination for clients

#### Mental Health Services Center

Center for patients to access treatment, medications, and referrals

## New Beds & Facilities

Expand behavioral health treatment and care placements

# Street Crisis Response Team

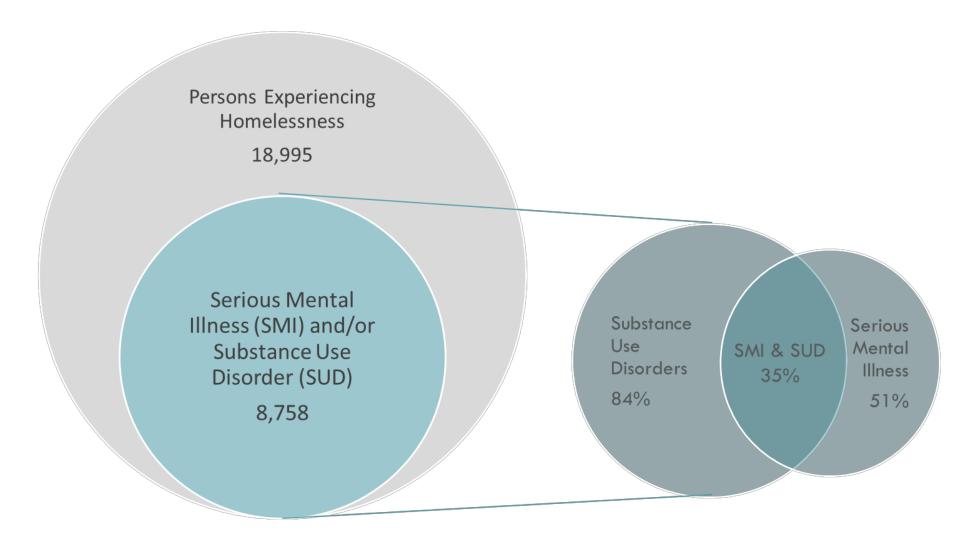
Provide help for behavioral health crises on the streets



#### MENTAL HEALTH SF POPULATION

Per the Mental Health SF Legislation:

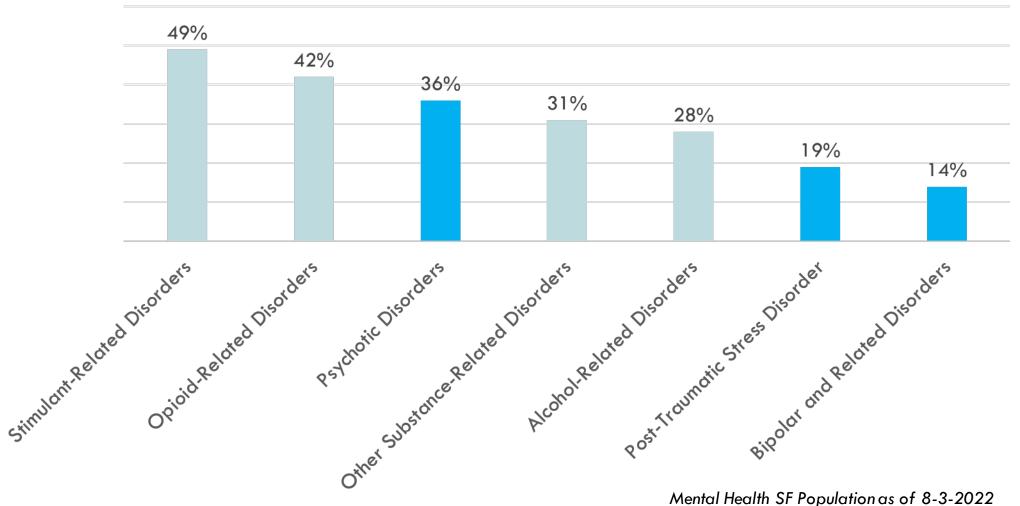
The primary focus of Mental Health SF is to help people with **serious** mental illness and/or substance use disorders who are <u>experiencing</u> **homelessness** get off of the street and into treatment.



Mental Health SF Population as of 8-3-2022

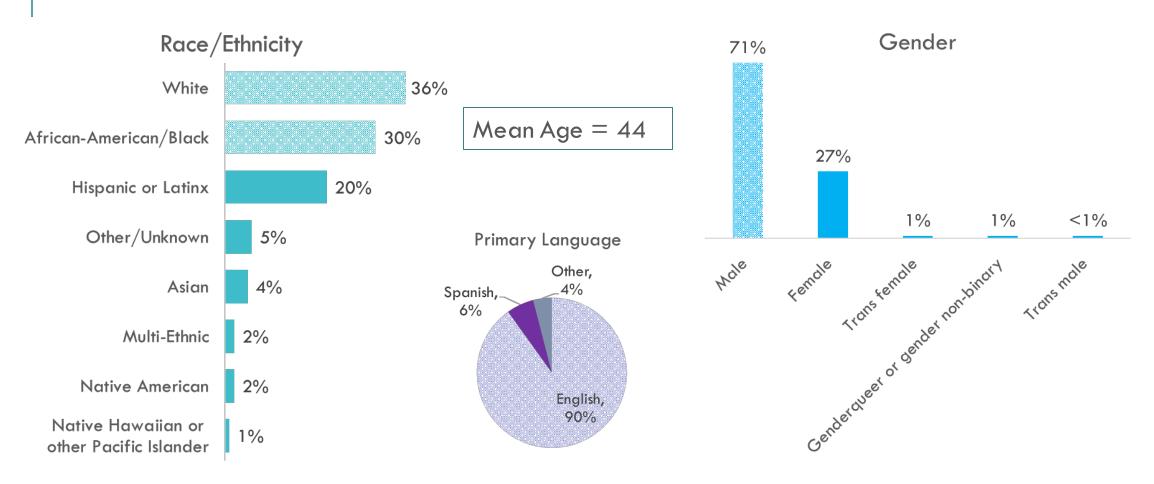
Data sources: DPH Electronic Health Record Systems (Epic, Avatar); Homelessness and Supportive Housing (ONE)

# MENTAL HEALTH AND SUBSTANCE USE DIAGNOSES



Mental Health SF Population as of 8-3-2022 Data sources: DPH Electronic Health Record Systems (Epic, Avatar)

# DEMOGRAPHIC PROFILE OF THE MENTAL HEALTH SF POPULATION (N=8,758)



Mental Health SF Population as of 8-3-2022 Data sources: DPH Electronic Health Record Systems (Epic, Avatar) MHSF CORE METRICS

All metrics will be stratified by race/ ethnicity, language, and sexual orientation/ gender identity to identify disparities among groups.

Category	Proposed Metric	
HOUSING	1	Increase the percentage of the Mental Health SF target population assessed for housing.
	2	Increase the percentage of the Mental Health SF target population who are placed in permanent housing
ROUTINE CARE	3	Increase the percentage of the Mental Health SF target population receiving routine health care.
	4	Increase the percentage of the Mental Health SF target population receiving routine health care post 5150 discharge.
WAIT TIMES	5	Decrease wait times for Intensive Case Management services.
	6	Decrease wait times for residential treatment beds.
OVERDOSE RESPONSE	7	Increase the amount of naloxone distributed in the community.
	8	Increase the percentage of persons with Opioid Use Disorders started on buprenorphine or methadone treatment.
	9	Decrease the number of deaths due to overdose.
	10	Decrease the racial disparity in deaths due to overdose.
QUALITY OF LIFE	11	Improve quality of life and functioning for persons in the Mental Health SF target population

# Estimated Winter and Spring 2023 Publication Timeline for Metric Webpages

ICM wait times
Mental health
residential wait
times

Substance use residential wait times

Connection to care following 5150

Housing assessments and housing placements

Feb. 2023

Mar. 2023

Apr. 2023

May 2023



# **Intensive Case Management**

### **Intensive Case Management Program Overview**

Intensive Case Management (ICM) programs provide intensive, outpatient behavioral health care treatment services for people with the most complex mental health and substance use disorders.

#### Clients eligible for ICM services must:

- Have a mental health diagnosis causing significant functional impairments or symptoms as well as an imminent risk of decompensation without treatment; and
- Meet one of several additional qualifying categories (two or more hospitalizations within the past year; three or more crisis episodes in the last 60 days; discharge from a locked facility; criminal justice involvement within the past year or risk of future criminal justice involvement).

#### Services provided by ICM programs can include:

- Behavioral health treatments (medications and counseling);
- Crisis intervention;
- Case management;
- Field-based services;
- Peer-based services;
- Linkage to social services;
- and family supports.



# Intensive Case Management Wait Time Programs & Census FY21-22

- 14 ICM programs serve adults, this includes:
  - Full-service partnership programs
  - Transitional age youth programs
  - Older adult programs
  - Justice-involved programs
- 1,049 average census of clients enrolled in ICM programs
- 177 new clients began ICM treatment in the last fiscal year

### Median Days to ICM Enrollment FY21-22

In FY21-22, 177 new clients began receiving ICM treatment. The median wait time was 35 days.

- Wait time begins the day a client's referral is received by ICM program managers and ends the day a client's ICM treatment episode starts\*.
- 56% (63 out of 113) of persons who waited 10+ business days for ICM services received routine heath care\*\* services while on the wait list.

<sup>\*\*</sup>Routine health care services include non-crisis behavioral health services (substance use and mental health) as well as primary care



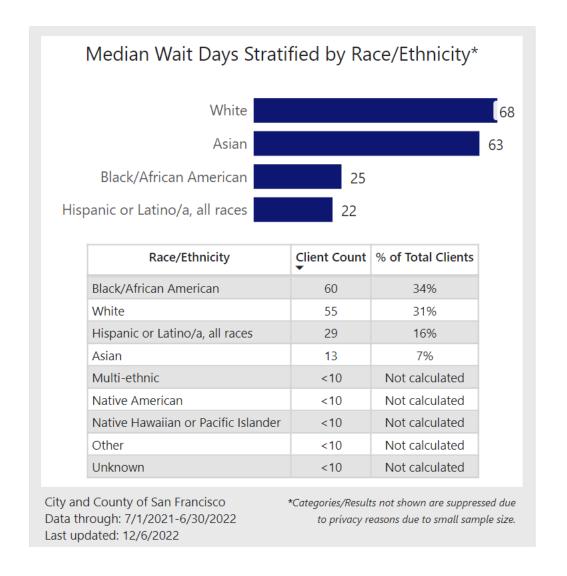
<sup>\*</sup>Persons referred from Assisted Outpatient Treatment or Linkage programs were counted as having no wait (0 wait days), as these programs are similar levels of care to ICM programs

## Median ICM Wait Days by Housing Status





## Median ICM Wait Days by Race/Ethnicity





### Our Aggressive Plan to Reduce Wait Times

Investments to increase ICM program treatment capacity aim to increase the workforce, expand existing provider contracts, and add new ICM services:

- \$200K added to the contracts of ten existing ICM programs to enhance staffing.
- \$1.6M RFP to establish new ICM services and increase ICM capacity is expected to be released in January 2023.

#### **Practice improvements:**

- Stepping down patients who are ready
- Adding resources to outpatient services for better retention and stabilization

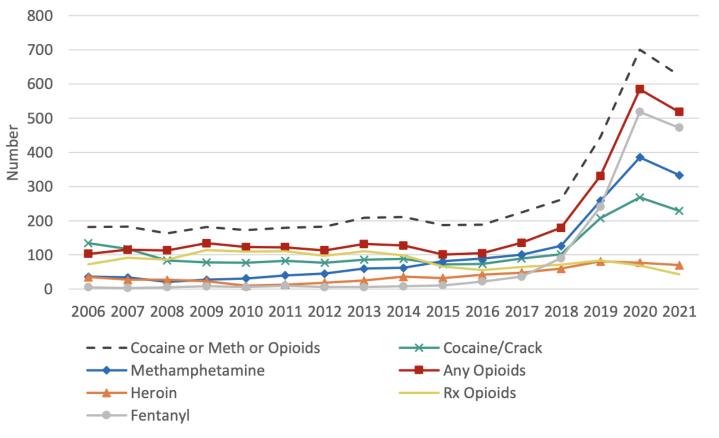


# Overdose Response



#### Overdose Deaths by Year and Drug Class

Figure 1: Number of Opioid, Cocaine, or Methamphetamine Overdose Deaths by Non-Mutually Exclusive Substance Category in CCSF, 2006-2021



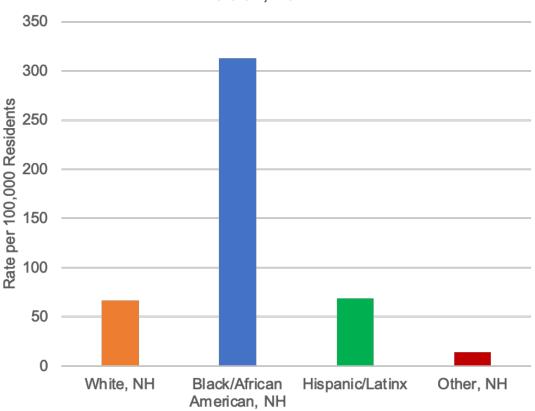
While the majority of overdose deaths involve fentanyl, many deaths also involve cocaine or methamphetamine.

From January to October 2022, there have been **501 preliminary** overdose deaths.



### **Overdose Death inequities**



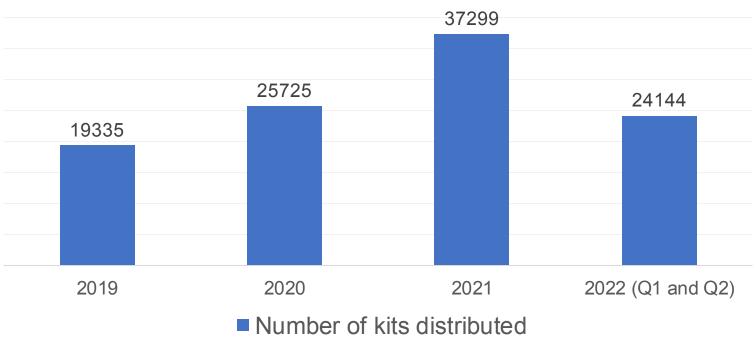


Black/African Americans represent just 6% of the population in San Francisco, but 29% of preliminary overdose deaths in 2022 to date.



#### **Naloxone Distribution**





- Since 2003, SFDPH has partnered with the Drug Overdose Prevention and Education (DOPE) Project to provide overdose response trainings and naloxone kits to the community
- In October 2021, SFDPH created the Naloxone Clearinghouse to serve as an additional centralized naloxone distribution point for organizations not already working with the DOPE Project.



# Questions?



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